

## City of Dover, New Hampshire CONDITIONAL USE PERMIT APPLICATION

[Revision Date: August 16, 2016]

| Office Use Only            | -               |                          | Date Received: Time Received:                |  |  |  |
|----------------------------|-----------------|--------------------------|--|--|--|--|
| APPLICANT AND              | OWNER INFO      | PRMATION                 |  |  |  |  |
| Name of Applicant          | :               |                          | Telephone #                                  |  |  |  |
| Address of Applica         | nt:             |                          |  |  |  |  |
| E-Mail Address:            |                 |                          |  |  |  |  |
|                            |                 | Telephone #              |  |  |  |  |
| Address of Property Owner: |                 |                          |  |  |  |  |
| ·                          | -               |                          |  |  |  |  |
| PROPERTY INFO              | RMATION         |                          |  |  |  |  |
| Assessor's Map # _         |                 | Lot(s) #                 |  |  |  |  |
| Address of Propert         | y:              |                          |  |  |  |  |
|                            |                 |                          | strict(s)                                    |  |  |  |
| Existing Use of Pro        | perty:          |                          |  |  |  |  |
| -                          |                 |                          |  |  |  |  |
| CONDITIONAL U              | ISE PERMIT IN   | IFORMATION               |  |  |  |  |
| Type of Conditio           | nal Use Permi   | t (Check All That Appl   | y):  |  |  |  |
| ☐ Conservation Dis         | strict          | ☐ RCM Use Overlay Dis    | strict                                       |  |  |  |
|                            |                 | _                        | nd Loading   Alternative Treatment Center    |  |  |  |
| ☐ Wetland Protect          | ion district    | ☐ Central Business Dis   | trict   Heritage Residential District        |  |  |  |
| Describe Proposed          | Use or Activity | That Requires Conditiona | al Use Permit and Describe Any Impacts:      |  |  |  |
|                            |                 |                          |  |  |  |  |
|                            |                 |                          |  |  |  |  |
|                            |                 |                          |  |  |  |  |
| •                          |                 |                          | en or Will Be Applied For and Indicate Their |  |  |  |
| Status:                    |                 |                          |  |  |  |  |

| Name of Professional That Prepared Plans:  |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
| Address  | Telephone #:      |  |  |  |  |
| Professional License #:  | _ E-mail address: |  |  |  |  |
| SIGNATURES   |                   |  |  |  |  |
| I/We hereby submit this application to the City of Dover Planning Board and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant or as agent, I attest that I am duly authorized to act in this capacity.  |                   |  |  |  |  |
| Signature of Property Owner:   | Date:             |  |  |  |  |
| Signature of Applicant ( <i>if different from owner</i> ):   | Date:             |  |  |  |  |
| Signature of Agent:  | Date:             |  |  |  |  |
|  |                   |  |  |  |  |
| AUTHORIZATION TO ENTER SUBJECT PROPERTY  |                   |  |  |  |  |
| I, and my successors, hereby authorize members of the Dover Planning Board, Planning Department and other pertinent City Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property. |                   |  |  |  |  |
| Signature of Property Owner:   | Date:             |  |  |  |  |

## CITY OF DOVER CONDITIONAL USE LIST OF ABUTTERS

Pursuant to RSA 676:4, the State Law of New Hampshire, the City of Dover is required to notify the applicant, abutters (including holders of conservation easements), and any professional whose seal is on the plan, of the public hearing by certified mail, return receipt requested. The applicant must obtain the abutter information from the records of the Tax Assessor's Office (not more than five days prior to filing) in order to process the site review application.

**ABUTTER** is defined as the owner of record of a parcel of land located in New Hampshire and that adjoins or is directly within two hundred (200) feet (including land across the street or waterway) of the proposed site under consideration by the Planning Board. For a condominium or other collective form of ownership, abutter means the officers of the collective or association. (See additional requirement below)

| O۱         | wner:       |             |                         |                  |  |
|------------|-------------|-------------|-------------------------|------------------|--|
|            | TAX MAP     | LOT #       | PROPERTY OWNER          | MAILING ADDRESS  |  |
|            |             |             |                         |                  |  |
| Αŗ         | plicant (if | different f | rom owner):             |                  |  |
|            | APPLICA     | NT NAME     | APPLICANT COMPANY       | MAILING ADDRESS  |  |
|            |             |             |                         |                  |  |
| Su         | rveyor and  | or Engine   | eer:                    |                  |  |
|            | NAME        |             | COMPANY                 | MAILING ADDRESS  |  |
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| _          | nservation  | Engament    | h Haldam                |                  |  |
| CC         | TAX MAP     | ,           | NAME OF EASEMENT HOLDER | MAILING ADDRESS  |  |
|            | TAX MAP     | LUI#        | NAME OF EASEMENT HOLDER | MAILING ADDRESS  |  |
| ۸Ł         | utters:     |             |                         |                  |  |
| <b>~</b> L | TAX MAP     | LOT #       | OWNER (S) OF RECORD     | MAILING ADDRESS  |  |
|            | IAX PIAE    | LOI#        | OWNER (S) OF RECORD     | PIAILING ADDRESS |  |
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